



TOWN OF SEEKONK
SIGN PERMIT APPLICATION
Call for Inspections: (508) 336-2990

Date of
Application: _____ Receipt#: _____ FEE:\$ _____ Permit#: _____

APPLICANT: _____

PHONE NUMBER: _____

ADDRESS: _____

SIGNATURE APPLICANT: _____

OWNER OF PROPERTY: _____

SITE ADDRESS OF SIGN: _____

**COST OF SIGN(s)\$ _____

SIGN WILL SAY: _____

TYPE OF SIGN(s): (check all that apply):

_____ Permanent Sign	_____ Temporary Sign	_____ Wall Sign
_____ Single Faced	_____ I.D. Sign	_____ Awning
_____ Double Faced	_____ Pole Sign	_____ Marquee
_____ Illuminated	_____ Directional	_____ Banner
_____ Free Standing	_____ Canopy	_____ Portable
_____ Individual Letters	_____ Other: _____	

SIZE: Height: _____ Width: _____ Total Square Foot: _____

Height from grade: _____ Location on Building: _____ Front _____ Side _____ Rear
Property Line Setback: _____

Temporary Sign(s) indicate the date(s) (30 Day Max)

DATES: _____

Building Inspector/Commissioner's Approval: _____ DATE: _____

****Workers Comp. Form Affidavit must be filled out along with this application on back side****